

Form CPF M 102: Campaign Finance Report

Municipal Form

CITY CLERK'S OFFICE

Office of Campaign and Political Finance CITY OF CHICOPER

Ending Date: Fill in Reporting Period dates: Beginning Date: Type of Report: (Check one) 30 day after election year-end report dissolution 8th day preceding election 8th day preceding preliminary Candidate Full Name (if applicable) Name of Committee Treasurer

3 State St., Chicagee, MA 01013

Committee Mailing Address 331-8186 Phone # (optional) Phone # (optional): SUMMARY BALANCE INFORMATION: \$ 341.12 Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) 0.00 Line 3: Subtotal (line 1 plus line 2) 341.12 Line 4: Total expenditures this period (page 5, line 14) 0.00 **Line 5:** Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) 0.00 \$ 10,500.00 **Line 7:** Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or en behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Treasurer's signature) FOR CANDIDATE FILINGS ONLY: Affidevit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee Certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period. Candidate without Committee OR Candidate with independent activity filing separate report I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disburgements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee In accordance with the requirements of M.G.L. c. 55. (Candidate's signature) Signed under the penalties of perjury:

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Occupation & Employer (for contributions of \$200 or more)	
Date Received	(alphabetical listing required)	Amount	(101 CONCINUITIONS OF \$200 OF MOTE)
			,
1			

ine 9: Total Recei	ipts over \$50 (or listed above)		
ine 10: Total Rece	eipts \$50 and under* (not listed above)		
11. Tranki		<i>(</i> -	
ine II: IUIAL I	RECEIPTS IN THE PERIOD	\$0.00	← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)			
			,			
Line 9: Total Rece	ipts over \$50 (or listed above)					
	eipts \$50 and under* (not listed above)					
	RECEIPTS IN THE PERIOD	\$0.00				
			Enter on page 1, line 2 Id include only those receipts not itemized above.			

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

chait an exhenc	To Whom Paid	nittee name and a page number on	caer pages)			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount		
Date raid	(alphabetical listing)	Address	Turpose or Expenditure	Amount		
	L					
		Line 12: Total Exmanditumes ar	er \$50 (or listed above)			
		Line 12: Total Expenditures ov	er \$50 (or fisted above)			
		Line 13: Total Evnanditures \$50	and under* (not listed shows)			
		Line 13: Total Expenditures \$50	and under (not instea above)			
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD						
Enter on page 1, line $4 \rightarrow \text{Line } 14$: TOTAL EXPENDITURES IN THE PERIOD 40.00						

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount		
	7.22					
		Line 12: Expenditures over S	\$50 (or listed above)	J		
	Line 13: Expenditures \$50 and under* (not listed above)					
	Enter on page 1, line 4 →			\$0.00		

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 6 on page 1.

Date Received	From Whom Received*	Residential Address Description of Contribution		Value	
		Line 15: In-Kind Contributions			
		Line 16: In-Kind Contributions			
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CONTRIBUTIONS \$0.50			

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount	
06/15/15	W. Kawen Fernando 123 State St. Chicoper, MA 01013	127 State St. Chicopee, MA 01013	Campaign Expenditures	\$4000.00	
08/01/17	W. Kaween Fernando 12-3 Stafe St. Chicagee/MA 01013	12-3 State St. Chicoler, M401013	Campaign Espendium	\$4500.00	
1401/17	W. Kaween fernando 123 State St. (Wicepee, MA 01013	12-3 State St. Chicopee, MA 0103	Campaish Expanditures	\$200.00	
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	\$ 10,500.00	

								A	
									4
					· ·				
		•							
왕 그									
it Little 1.1									
is S									